



Texas Department of Health

William R. Archer III, M.D.
Commissioner of Health

Seafood Safety Division
1100 West 49th Street
Austin, Texas 78756-3199
512/ 719-0215

Charles E. Bell, M.D.
Executive Deputy Commissioner

To: Crab Meat Processors

Subject: Crab Meat Processing License

Enclosed is an application to submit to obtain a Crab Meat Processing Licence. This application must be submitted directly back to the Austin office. We recommend returning your properly completed application at least (1) month prior to the date you expect to begin any crab meat processing. Receiving it in this manner should allow adequate time for processing, inspection, issuing and receipt of your certificate prior to that date. If your plant is in full compliance with the Texas Crab Meat Rules at the time of inspection, a Crab Meat Processing License will be issued.

Delay may occur for the following reasons:

- ◆Your application is not received in a timely manner
- ◆Application is not readable or filled out properly (See attached instructions)
- ◆Your plant is not in full compliance
- ◆If an applicant proposes to date containers with other than an open date, a written statement of the procedure the applicant will use to determine the date must accompany the application. (An open date is a calender date, such as Nov. 10, 1998.)
- ◆A HACCP plan which is in accordance with section 241.4 of the rules, must be reviewed for compliance and acceptable to the Seafood Safety Division. (A copy of the HACCP plan is not required to be submitted with the application.)

If you have any questions about any of the above potential delays, you should call the Austin office at (512) 719-0215.

**TEXAS DEPARTMENT OF HEALTH
SEAFOOD SAFETY DIVISION
CRAB MEAT PROCESSING FACILITY APPLICATION INSTRUCTIONS**

PLEASE TYPE OR PRINT CLEARLY

Date: Enter the month, day, and year

PICKER/PACKER or PICKER/PACKER/PASTEURIZER: You must indicate what you are applying for, circle one.

The license is to be issued to: Enter the name of the owner, facility operator or corporation name.
Example: Mr. and Mrs. John Fishermen or State Fresh Fish Co., Inc.

Firm Name: Enter the public identifying name/d.b.a. of your company. This would be the same name that is on your container labels associated with your TX number
Example: City Crab Plant

Texas Mailing Address, City, and Zip Code: Complete and accurate mailing address for all plant correspondence.

Plant Address/Location: Give an accurate description in the absence of a street address.
Example: "7 miles east of town on Hwy 35" or "the East end of Pine Street at the bay."

Enter the **City, Zip Code, and County** in which to the plant located.

Telephone Numbers: Enter area codes, business, fax and residence phone numbers. The residence number should be of the owner or facility operator who would be contacted in case of an emergency (other than regular working hours).

Name of Owner(s) Indicate-(Mr./Mrs./Ms.): Circle the appropriate prefix(s) and state full name, this is not always obvious by their first name. We must use one of these designations in professional correspondence.

Corporation Charter #:, Registered Agent:, and Agent's Office Address (Street/City/State/Zip):

(A) These blanks are for incorporated businesses only and registered in Texas as a corporation. All information must be entered correctly. We will call the Secretary of State at (512) 463-5555 to verify the information. If there are any discrepancies, the application will be returned to you. All corrections must be made by the applicant.

(B) If your business is not incorporated, simply put N/A in these blanks

Name of individual who is to supervise the facility: Plant supervisor

Water Supply and Sewage Disposal: Please circle the appropriate answers **A: Public** or **B: Private** for your plant location.

Signature, Print Name and Title: Only corporate officers or owners may sign the application. When you sign your name to this legal document, you are stating that all of the information is absolutely true and correct.

Submit a copy to the Texas Department of Health, Seafood Safety Division, 1100 W. 49th Street, Austin, Texas 78756, or fax to 512/719-0220. Please retain a copy for your records.



APPLICATION FOR LICENSING OF
CRAB MEAT PROCESSING FACILITY

Date: _____
Inspector: _____
No: TX _____
Approved: _____

FOR DEPARTMENTAL
USE ONLY

Date: _____

PRINT OR TYPE

TEXAS DEPARTMENT OF HEALTH
SEAFOOD SAFETY DIVISION
1100 WEST 49TH STREET
AUSTIN, TEXAS 78756

PICKER/PACKER

PICKER/PACKER/PASTEURIZER

The license is to be issued to: _____

Firm Name: _____

Texas Mailing Address: _____

City: _____ Zip Code: _____

Plant Address/Location: _____

City: _____ Zip Code: _____ County: _____

Telephone Numbers: Business (____) _____ Fax (____) _____ Residence (____) _____

Name of Owner(s) [Indicate-Mr./Mrs./Ms.]: _____

Corporation Charter #: _____ Registered Agent: _____

Agent's Office Address (Street/City/State/Zip): _____

Name of individual who is to supervise the facility: _____

Water Supply: (Circle One)

A: Public B: Private

Sewage Disposal (Circle One)

A: Public B: Private

(Signature)

(Print Name and Title)